

# Health Department, City of Baltimore.

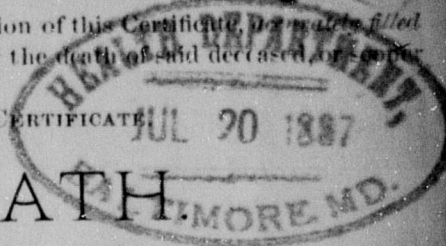
Permit No. A 1550

Office of Registrar of Vital Statistics.

Ward 66

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *to be filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.*

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH

Date of Death, July 18, 1887  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Ed. Thompson  
 Sex, Male or Female, { Cross out the word not required in this line. } Male  
 Age, 19 Years, 2 Months, 18 Days.  
 Color, Colored  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
 Occupation, Bundle Boy  
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City  
 Duration of Residence in the City of Baltimore, Life time  
 Place of Death, { Give Street and Number. } 411 N. Central Ave  
 Cause of Death, { First (Primary), Phthisis Pulmonalis }  
 { Second (Immediate), }  
 Duration of Last Sickness, 4 months  
 All the above information should be furnished by the Physician.  
 Place of Burial, Lained Cemetery  
 Date of Burial, July 14  
 Undertaker, John H. Owens  
 Place of Business, 502 Pearl St  
 Medical Attendant, Lewis E. Dronelle M. D.  
 Address, 1701 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



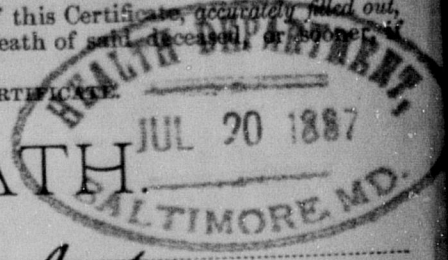
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1587 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH

Date of Death, July 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florida Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, \_\_\_\_\_ Years, 7 Months, \_\_\_\_\_ Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, \_\_\_\_\_

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 921 Morris Alley

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum  
one week

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 21/1887 W. K. Warner M. D.  
Medical Attendant.

{ Undertaker, W. H. Hensley

{ Place of Business, 56 Orchard St Address, 901 Shuter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1552

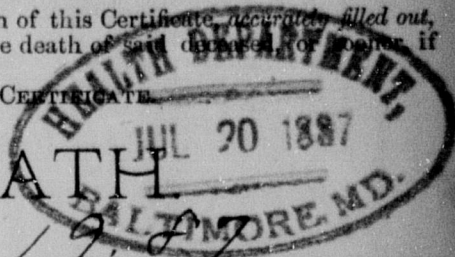
Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, for whom if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH



Date of Death, July 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert H. Brown

Sex, Male or Female, { Cross out the word not required in this line. } B

Age, 2 Years, 1 Months, 1 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Black

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 916

Place of Death, { Give Street and Number. } 916

Cause of Death, { First (Primary), Second (Immediate), } Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg

Date of Burial, July 20, 1887

{ Undertaker, Wm. Hensley

{ Place of Business, 5611 Richard

H. Swatt M. D.

Medical Attendant.

Address, 15 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 1563

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

JUL 20 1887

Date of Death, July 19th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam Freeman

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 3 Years, 3 Months, 3 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } #916 Saratoga St.

Cause of Death, { First, (Primary,) Cholera Infantum }  
{ Second, (Immediate,)  }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, July 28th 87 Edmund Conner, D.

Undertaker, Charles Conner

Place of Business, 361 Orchard Address, #935 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1554 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 20/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton Seaman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 1404 S. Charles St.

Cause of Death, { First (Primary), Second (Immediate), } Starvation

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Olaf

Date of Burial, July 21/87

Undertaker, Christy & Co.

Place of Business, 715 Light

Address, 909 S. Charles St.

[Signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1555 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 19<sup>th</sup> 4 o'clock A. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L. Gunther

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 54 Years, — Months, B Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Cabinet-Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Seise, Germany

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, { Give Street and Number. } 225 Rickman and St.

Cause of Death, { First (Primary), Second (Immediate), } Bright's Disease

Duration of Last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 21 1887

{ Undertaker, A. Rosenberger F. P. Murphy M. D. Medical Attendant. }

{ Place of Business, 321 Park Ave Address, 78 Maryland av. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks, now, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1554

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lizzie Gross

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 0 Months, 0 Days.

Color, C.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 824 Sterling

Cause of Death, { First (Primary), Second (Immediate), } Enteritis  
Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Truel Cemetery

Date of Burial, July 20<sup>th</sup>

{ Undertaker, W. W. Madden

{ Place of Business, 46 East St

A. S. Remond M. D.

Medical Attendant.

Address, 722 Disque St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 133 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 19, 1887

Full Name of Deceased, Christina Peters { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, Female { Cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, Widow { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 32 years

Place of Death, 538 N. Carey St. { Give Street and Number. }

Cause of Death, Malaria { First (Primary), Second (Immediate), }  
Prostration from heat.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 21st 1887

{ Undertaker, A. Lewis Schaefer Medical Attendant, J. D. L. L. L.

{ Place of Business, 316 N. Fremont Address, 1327 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

A 1558

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 18<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Andrew F. Blum

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

16 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1707 Byrd St

Cause of Death,

{ First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

July 20 1887

Undertaker,

Bernard Harle

Shepard Cooke

M. D.

Medical Attendant.

Place of Business,

115 West St.

Address,

578 Hammer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

1559

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 20/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry H. Whitter

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

5

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

none

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

1 mo. 5 days

Place of Death,

{ Give Street and Number. }

14 23 Johnson St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Marasmus

Duration of Last Sickness,

5 days - not well from birth

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 21

{ Undertaker,

B. Harle

{ Place of Business,

113 West St.

Address, 1124 Druid Hill Ave

L. Blacett

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]